**Mobility Agreement For Teaching**

Planned period of the mobility with travelling days: **from** *[day/month/year]* **to** *[day/month/year]*

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Nationality |  | | |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Prague University of Economics and Business** | | |
| Faculty/Department | *doplnit* | | |
| Address | W. Churchill Sq. 1938/4  130 67 Prague 3 | Country | Czech Republic |
| Contact person  name and position | *uvést přímého nadřízeného*  *vysílaného zaměstnance*  *(vyjadřující souhlas s mobilitou*  *podpisem na konci tohoto*  *dokumentu)* | Contact person  e-mail / phone | *přímého nadřízeného*  *vysílaného*  *zaměstnance* |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Faculty/Department |  | | |
| Address |  | Country |  |
| Contact person name and position |  | Contact person e-mail / phone |  |

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

Level (select the main one): Bachelor or equivalent first cycle ; Master or equivalent second cycle ; Doctoral or equivalent third cycle

Number of teaching hours: …………………

Combined teaching and training activity: YES  NO

Language of instruction: ………………………………………

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Expected outcomes:** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the teaching staff member, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

|  |
| --- |
| **The teaching staff member**  Name:  Signature: Date: |

|  |
| --- |
| **The sending institution**  Name of the responsible person: *přímý nadřízený vysílaného zaměstnance*  Signature: Date: |

|  |
| --- |
| **The sending institution**  Vice-Dean for International Relations:  Signature: Date: |

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| --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: |